

## MONTHLY MICROBREW BEER MANUFACTURING REPORT

OFFICE OF STATE TAX COMMISSIONER SFN 22954 (9-03)

**TAX TYPE 94** 

Rep	oort for MonthYear	Ch	eck if Amended	Repor	t 🗇	
Cor	npany Name					
Mailing Address Cit		City	State		Zip Code	
Prej	pared By		Telephone Nur	Telephone Number		
In	ventory, Reconciliation and Tax Computation		Wine (US) Gallons	OR	Liters	
1.	Beginning microbrew beer inventory (from line 7 of prior mon	th's return)		_		
2.	Microbrew beer production completed during report month					
3.	Total microbrew beer available (line 1 plus line 2)					
4.	Waste or other nonusable removal					
5.	Microbrew used for tastings or for personal use			╛		
6.	Total microbrew beer sold at retail during report month					
7.	Ending microbrew beer inventory (line 3 minus lines 4, 5, and 6	6)				
Tax Computation			Tax	OR	Tax	
8.	Eight cents (\$.08) times line 6 wine (US) gallons			7		
9.	Two and one-tenth cents (\$.021) times line 6 liters	ľ	<u> </u>		\$	
		structions		_		
	Enter the information in either column, US Gallons or Liters, but not both. Wine (US) gallons are preferred.  Line 1: Enter the inventory figure from line 7 of the prior month's return.  For new microbrew pub, enter zero.  For the first time use of this form, enter the volume of microbrew in inventory and ready for consumption at the beginning of the month covered by this report.					
Lin Lin	e 2: Enter the amount of microbrew produced during the month cover	nnot be sold or used for some	-			
Lin	e 6: Enter the amount of microbrew sold at retail during the month of e7: Enter the difference between line 3 minus lines 4, 5, and 6. This on your next report.	covered by the report. This en				
Line 8: If reporting in Wine (US) gallons, compute the tax due on this line. The tax due is \$.08 times the gallons on line 6.						
Lin	e 9: If reporting in liters, compute the tax on this line. The tax due is	s \$.021 times the liters on line	6.			
gove	clare under the penalties of North Dakota Century Code § 12.1-11-02, remmental matter, that this return, including any accompanying schedu of is a true, correct, and complete return.					
Sign	ature of Taxpayer Date	Signature of Preparer Ot	her Than Taxpayer		Date	
Title	of Taxpayer					
	This report is due on or before the 15th of	the month following m	onth covered by	the re	port	
	Please Send Report and Remittance to: Office of State Tax Commissioner	DO NOT WRITE IN T	HIS SPACE			

Alcohol Tax Section
600 E. Boulevard Ave., Dept. 127
Bismarck, ND 58505-0599

Phone: (701) 328-3158